

EXHIBIT 4

7D5238 2.000

TX2018 05-102
Ver. 9.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

260129478

2018

Taxpayer name INDEED, INC.

☐ Blacken box if the mailing address has changed.Mailing address
177 BROAD STREET - 4TH FLOORSecretary of State (SOS) file number or
Comptroller file number

City STAMFORD

State CT

ZIP code plus 4 06901

☐ Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 177 BROAD STREET - 4TH FLOOR STAMFORD CT 06901

Principal place of business 177 BROAD STREET - 4TH FLOOR STAMFORD CT 06901



0260129478018

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
RONY KAHAN	CHAIRMAN	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
LOWELL BRICKMAN	GENL COUNSEL	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
DAVID O'NEILL	CFO	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
PREHIRE, INC.	DE		100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
RGF OHR USA, INC.	DE		100.000

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent: NATIONAL REGISTERED AGENTS INC.

Office: 1021 MAIN STREET, SUITE 1150

City HOUSTON

State TX

ZIP Code 77002

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here

Title
CFO

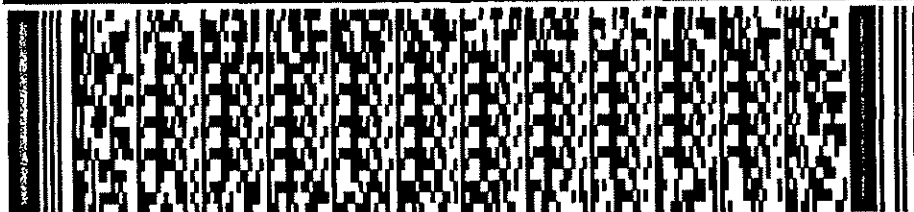
Date

11/13/18

Area code and phone number

(203) 487-1579

Texas Comptroller Official Use Only

VE/DE ☐PIR IND ☐

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SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
HISAYUKI IDEKOBA	CEO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
DOUG GRAY	SRVP	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
PAUL WOLFE	SRVP	<input type="checkbox"/> YES	m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901

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LLC, LP, PA or financial institution.sign
here

Title

COO

Date

11/13/18

Area code and phone number

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SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name ANDREW HUDSON	Title OTHER	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name RAJATISH MUKHERJEE	Title SRVP	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name HIROAKI OGATA	Title SRVP	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901

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SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name TAKASHI NISHIMURA	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name MICHELE WATSON	Title SRVP	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 177 BROAD STREET - 4TH FLOOR	City STAMFORD	State CT	ZIP Code 06901
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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Title

COO

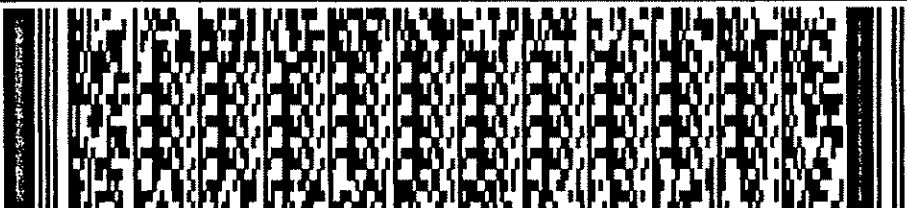
Date

11/13/18

Area code and phone number

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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